

MISSOURI DIVISION OF FAMILY SERVICES AUTHORIZATION TO PROVIDE
ALTERNATIVE CARE

PURPOSE:

The purpose of this form is to provide written authorization when DFS has been asked to provide alternative care for a child when a juvenile officer, law enforcement official, or a physician takes protective custody.

Note: This form may be used by a juvenile officer, law enforcement official, or a physician. Request that the juvenile officer, law enforcement official, or physician complete the form prior to transporting the child to an alternative care provider.

NUMBER OF COPIES AND DISTRIBUTION:

This is a five (5) page self-carboning form. The original is filed in the record. The second copy is given to the law enforcement official or physician. The third copy is given to the juvenile officer, the fourth copy is given to the foster parent(s) and the fifth copy is given to the biological parent(s) or caretaker(s).

INSTRUCTIONS FOR COMPLETION:

This form may be handwritten or typed. Enter information in appropriate fields.

I. Identifying Information

Check appropriate box at top of form, i.e., juvenile officer, law enforcement official, or physician.

Officer/Official/Physician name: Enter the name of the official/officer who is taking protective custody.

City, County of Jurisdiction: Enter the city, county of the officer's/official's jurisdiction or physician's practice.

Name of Child Taken Into Custody: Enter the child's full name.

Date and Time Child Taken Into Protective Custody: Enter the date and time the child is taken into protective custody.

Parent(s)/Caretaker(s) Name: Enter the biological parent(s)/caretaker(s) name.

Telephone: Enter the telephone number of the biological parent(s)/caretaker(s).

Address: Enter the address of the biological parent(s)/caretaker(s).

II. Reason(s) for Protective Custody

Summarize the facts which lead to Protective Custody.

III. Reason Court Order Not Obtained

Explain why the court was not contacted or a court order could not be obtained before protective custody was taken.

IV. Placement Authorization

DFS Alternative Care Placement: Enter the date and time alternative care placement begins and ends.

Signature, Title, Date: The officer/official/physician signs, titles, and dates the form on the appropriate line.

INSTRUCTIONS FOR RETENTION:

This form should be kept until the entire case is destroyed per instructions in the Investigation Handbook.

MEMORANDA HISTORY: CS87-110; CS99-8